

Intimate Partner Violence

The Role of Nurses in Protection of Patients



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KEYWORDS

- Intimate partner violence • Domestic violence • Nursing • Social action
- Violence against women

KEY POINTS

- If healthcare is going to stop the cycle of violence and prevent the killing of women, it is imperative that all healthcare systems develop protocols for the training of professionals to routinely screen and intervene for patients who are associated with a violent partner; these protocols should be followed and included in the departmental and hospital quality improvement programs.
- It is the responsibility of healthcare professionals to identify, intervene, and advocate for intimate partner violence (IPV) victims when they present to an emergency department or healthcare setting.
- Using a 20 s screening tool (PVS) and asking questions in a nonjudgemental manner can quickly and easily be the difference between life and death for many women.

INTRODUCTION

Federal Bureau of Investigation statistics have shown that a woman is beaten every 18 seconds¹ and 4 out of every 10 women in the United States are likely to have experienced some form of violence during their lifetime.² Although women experience fewer violent crimes overall than men, they are five to eight times more likely than men to be victimized or killed by an intimate partner.³ Not only do women experience intimate partner violence (IPV) more often than men, they are many times repeatedly victimized by the same partner.⁴

IPV is defined as any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. These behaviors include, but are not limited to physical violence, sexual violence, psychological abuse, and controlling behaviors.⁵ IPV not only causes immediate injury to women, but can also have long-term

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sequela for women including depression, suicide, substance abuse, gastrointestinal disorders, and chronic pain syndromes.⁶ Health care settings and specifically nurses are primary avenues for victim identification and intervention for female survivors of IPV.⁷

HISTORICAL REVIEW

IPV has been part of the common vernacular for centuries; during the Reformation a common saying was “Women, like walnut trees, should be beaten every day.”⁸ In 1824 in Mississippi laws were passed legalizing wife-beating. It was legal in every state in the United States for men to rape their wives until the 1970s. There were laws in the United States preserving the legality of marital rape until the early 1990s.⁸ In 1985, the Surgeon General identified IPV as a public health problem of epidemic proportions with IPV resulting in 30% of homicides.⁷ In 1992, the Joint Commission on Accreditation of Healthcare Organizations established guidelines that required accredited hospitals to implement policies and procedures in their emergency department and ambulatory care settings for identifying, treating, and referring victims of abuse,⁹ but detection is still not to the degree necessary.¹⁰ Despite these advances in laws “the response of the healthcare community to domestic violence had been slow and inconsistent.”¹¹

INCIDENCE

The actual incidence of IPV is unknown, because of underreporting of the violence by the victim, and of underinvestigation by law enforcement and health care workers. In the United States, an estimated of 36 million women have experienced violence as a child or an adult.² Almost 30% of women worldwide have been in a relationship where they have experienced physical or sexual violence by their intimate partner.¹² Persons may be victims of IPV and no one may know it, other than the victim and abuser. The National Violence Against Women Survey¹² estimates that

- 5.3 million women 18 years old and older are victims of IPV every year
- Two million injuries occur at the hands of abusers
- Eight million days of lost work because of IPV
- \$4.1 billion annually is paid for direct medical care and mental health services because of IPV

INTIMATE PARTNER VIOLENCE AND MORTALITY

It is not uncommon for IPV to lead to death. Intimate partner homicide is the single largest category of female homicide with women most often being killed by a husband, lover, ex-husband, or ex-lover.¹³ Homicide is also the leading cause of pregnancy-associated death.¹⁴ Most women that are killed by IPV have been abused before being murdered by their partner.¹³ The odds of a female victim dying from firearm violence are 10 times higher when shot by an intimate partner than when shot by a stranger.¹⁵

LONG-TERM EFFECTS

Immediate physical injury is the stereotypical presentation associated with IPV, but women face more than physical scars. Victims of IPV are at an increased risk for chronic health problems that arise from prolonged stress.⁵ Abused women are two times more likely than nonabused women to report poor health, both physical and mental, even if the violence occurred many years in the past. The incidence of drug and alcohol abuse, eating and sleeping disorders, physical inactivity, poor self-esteem, posttraumatic stress disorder, smoking, self-harm, and unsafe sexual

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